

Please type a plus aign (+) inside this box -> +

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0851-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it conteins a valid OMB control number.

Attorney Docket Number 1/1475 **DECLARATION FOR UTILITY OR** Heinz-Gerd KLAES First Named Inventor **DESIGN PATENT APPLICATION** COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** 10 / 809,060 March 25, 2004 Filing Date □ Declaration □ Declaration OR Submitted after initial To be assigned Submitted **Group Art Unit** Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing To be assigned Examiner Name required)

As a below named inventor, I hereby declare that:									
My ro	sidence, post	office	address,	and citizenship	p are as stated belov	v next to m	у лате.		
l belie name	eva I am the or	riginal riow) c	, first and of the subj	sole inventor (ect matter whi	(if only one name is I ich is claimed and for	isted below which a p) or an original, stent is sought o	first and joint im n the invention	ventor (if plura) entitled:
					ON OF ANTIV				
	specification of	f which	h		(Title of the Invention	on)			
	is attached h	nereto)		•	•			
Ø		(MM/E)D/YYY)	03/25/20	04	as Unite	d States Applica	alion Number or	PCT International
Applica	idon Number [10/8	309,060) a	ind was amended on	(MM/DD/Y	~		(if applicable).
I hereb amend	y state that I h led by any ame	isve n	eviewed a	ind understand Cally referred (d the contents of the to above.	above Iden	tifled specification	on, including the	deims, as
1 ackno	wledge the du	ity to o	disclose in	nformation whi	ch is material to pate	ntability as	defined in 37 Cl	FR 1.56.	
I hereby certificat	r claim foralgn ta, or 365(a) o	priori	lly benefit PCT into	s under 35 U.	.S.C. 119(a)-(d) or 3	165(b) of a	ny foroign appli	cation(s) for pa	tant or inventors
or of any	/ FCI internati	ional a			, by checking the bo g date before that of				
or of any	PCT internation of the police	ional a	application			x, any tore the applica ng Date		ority is claimed.	
Prior Fo	ereign Applica	ional a	application	n having a filing	g date before that of	x, any tore the applica ng Date (YYY)	Priority Not Claimed	or patent or inversity is claimed.	ontor's certificate,
Prior Fo	oreign Applica Number(s) 9507.5 6224.2	ional a	application	n having a filing	Foreign Fill	x, any tore the applica ng Date (YYY)	gn application for	or patent or inversity is claimed.	ontor's certificate,
Prior Fe 03029	ereign Applica Number(s)	ional a	application	n having a filing	Foreign Fill (MM/DD/	ng Date	Priority Not Claimed	or patent or inversity is claimed.	ontor's certificate,
O3029 03007	Preign Applica Number(s) 9507.5 6224.2 7001.5	ation i	EP EP extion number	Country	Foreign Fill (MM/DD/) 12/20/200: 07/17/200: 03/27/200:	x, any tore the applica ng Date (YYY) 3 3	Priority Not Claimed	Or patent or invercing is claimed. Certified C YES	ontor's certificate,
Prior Fo	preign Applica Number(e) 9507.5 6224.2 7001.5	ational ation	EP EP etion numb	Country Country Dere are listed	Poreign Fill (MM/DD/) 12/20/200: 07/17/200: 03/27/200:	ng Date OTYY) 3 3 diority data provisional	Priority Not Claimed	Or patent or invercing is claimed. Certified C YES	ontor's certificate,
Prior Fo	Preign Applica Number(s) 9507.5 6224.2 7001.5	ational ation	EP EP etion numb	Country Country Dere are listed	Foreign Fill (MM/DD/) 12/20/200: 07/17/200: 03/27/200:	ng Date OTYY) 3 3 diority data provisional	gn application frition on which pri	Certified C YES	entor's certificate, epy Attached? NO preto: al application an a y data sheet

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patient and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.



DEC	<u></u>	RATIO	N	_	Utilit	y or	Des	sig	n Pate	nt Ar	<u>lqc</u>	icati	<u>on</u>	
I hereby claim the United States of United States or Information while and the national	he bene f Amer r PCT i ch is m	efit under 35 U.S rica, listed below international appi naterial to patents T international fill	I.C. 12 and, tication ability ling de	ZD of an insofar n in the as def ate of ti	ny United S r as the su i manner pi ined in 37 nis applicati	Itales applic bject matter rovided by t CFR 1.56 v ion.	:alion(s). r of eac the first p which be	or 38: h of th paragra came	5(c) of any PC to claims of thi aph of 35 U.S.(available betw	T internation is application 5. 112, I ack een the filin	nal app n is no inowlet g date	destion des destination de des the dul de oft he	signating the d in the prior ly to disclose or application	
		rent Applicat Numi	tion (Pare	ent F	iling Date D/YYYY)		arent	Patent I applicat	Number	
As a named love	entoc I t	PCT Internations	the folk	lowing r	ragistarad a	proctition or a								
and Trademark C	Office o	annected therew	with: [Cus	stomer Nun	mber			tion number list	→		en business Place Cust Vumber Bar Lebel ba	tomer r Code	
	Nam			T	Regia	stration mber		-	Name			Regis	stration	
Robert P. Ra Michael P. M Mary-Ellen M Alan R. Stem Timothy X. W	aymon Aorris M. Dev npel	nd Min		34 27 28	5,089 4,513 7,928 8,991 0,232	<u> </u>	1	Susar Philip David	ony P. Bottir in K. Pocchi o I. Datlow d A. Dow ea D. Small	no iari		Number 41,629 45,016 41,482 46,124 54,859		
		d practitioner(s)	name			il Registerer					02C et		ato.	
Direct all corres	spond				Number le Label	2	28501		OR	Correr	spond	ence add	iress below	
Name											_			
Address	_							_						
Address		* .	—				T_	丁	Т		—			
City						$\overline{}$	Stat	<u>to </u>		ZIP				
Country I heraby declare believed to be to punishable by fin application or eny	that al ue; an ne or it y pater	I statements ms d further that th mprisonment, or it issued thereon	ade he ese si both,		Telephor of my own in onto were month of the U.S.C.		are true he know that sur	and the egben sh will	nat all statema that willful fals ful false staten	Fax ents made o se statement ments may ju	n infor ts and jeopard	mation and the like so	d belief are o made are uldity of the	
Name of Sole	e or F	First Invento	ır.				□ A I	☐ A petition has been filed for this unsigned inventor					ntor	
Glve	an Nar	me (first and m	iddle	if an	<u>/l)</u>		Family Name or Sumame							
Heinz-Gerd			11			alle	KLAE	ES .						
Inventor's Signature		K	کہ	2.	Ld	Illa	=	1	edg B	7004	ار:	Date		
Residence: City	y	Gau-Bickel	hein	n	State		Con	untry	Germany	/	CII	tizenship	DE	
Post Office Add	iress	Ludwig-Jah	ın-S	trass	e 16	•	· · · · · · · · · · · · · · · · · · ·							
Post Office Add	irosa	l												
City		Gau- Bickelheim	State	:0		ZIP		555	599	Country	G€	ermany		
Additional In	vento	rs are being no	amed	on th	e 1 sup	polemente	ıl Additi	ional (r	nventor(s) sh	neet(s) PT()/SB/(02A attac	had hereto	

JUL 2 6 2004 LU

PTO/SB/02A (08-03)
Approved for use through 07/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet	Page of 1
	* *** 	

Name of Additional Joint Inventor, If any:		□ Аре	tition i	has been filed for this	unsigned in	ventor		
Given Name (first and middle (if any)			Family Name or Surname					
Elena		KOUNDO)UR/	AKIS				
Inventor's Signature					Date			
Residence: City Danbury	State	СТ	Cou	_{Intry} USA	Citizenship	, GR		
Malling Address 900 Ridgebury Road			 ,	-				
Mailing Address								
City Ridgefield	State	CT		Zip 06877	Country	USA		
Name of Additional Joint Inventor, if any:		☐ A pe	lition I	has been filed for this				
Given Name (first and middle (if any)				Family Name or	Sumame			
Heman		VALDEZ						
Inventor's Signature		Date						
Residence: City Somers	State	, NY		Country USA		Citizenship Pi		
Malling Address 900 Ridgebury Road								
Mailing Address								
City Ridgefield	State	, CT		_{Zip} 06877	Country	USA		
Name of Additional Joint Inventor, if any:		☐ A pet	ition h	has been filed for this t	unsigned inv	ventor		
Given Name (first and middle (if any)		Family Name or Sumame						
Douglas Lytle		MAYERS						
Inventor's Signature		Date						
Residence: City Newtown	State	CT		Country USA		Citizenship US		
Malling Address 900 Ridgebury Road								
Mailing Address								
City Ridgefield	State	СТ		_{Zlp} 06877	Country	USA		

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Docket No. 1/1475



Please type a plus sign (+) inside this box -> +

PTO/SB/01 (12-97) Pro/SB/01 (12-97)
Approved for use through 9/30/00, OMB 0651-0032
Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number 1/1475 DECLARATION FOR UTILITY OR Heinz-Gerd KLAES First Named Inventor **DESIGN PATENT APPLICATION** COMPLETE IF KNOWN (37 CFR 1.63) 10 / 809,060 **Application Number** March 25, 2004 Filing Date Declaration □ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) Submitted OR To be assigned Group Art Unit with Initial Filing **Examiner Name** To be assigned

As a below named inve	ntor. I he	reby declare that:						
My residence, post office	address,	, and cittzenship ere	e as stated below noxt to r	my name.				
I believe I am the original, first and sole inventor (If only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is cialmed and for which a patent is sought on the invention entitled:								
PHARMACEUTICAL COMPOSITION OF ANTIVIRAL AGENTS								
the specification of whice is attached hereto		(Till	lie of the Invention)					
was filed on (MM/(?????\ @C	03/25/2004	es Un	nited States Applica	ition Number or !	PCT International		
Application Number 110/8	309,06	C and w	vas amendod on (VV/DD/	»YYYY) [(if applicable).		
i hereby state that I have r smended by any amendme	eviewed r	and understand the fically referred to at	contents of the above ide	antified specification	n, including the	claims, as		
I acknowledge the duty to	•	•		as defined in 37 Cf	FR 1.56.			
t hereby daim foreign prior partificate, or 365(a) of any America, listed below and hi or of any PCT International a	ily bonoli PCT into ave also i applicatio	ts under 35 U.S.C. amational application dentified below, by a having a filing dat	119(a)-(d) or 385(b) of in which designated at a checking the box, any for a before that of the applic	any foreign applic east one country reign application for sation on which pri-	ation(s) for pate other than the to prepare the formation in the control ority is claimed.	ant or inventor's United States of ntor's certificate.		
Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached?		
03029507.5	EP		12/20/2003		<u></u>	r-q		
03016224.2	ĒΡ	,	07/17/2003			H		
03007001.5	EP		03/27/2003					
			supplemental priority dat			elo:		
I haraby claim the benefit t		,		al application(s) lis	ted below.			
Application Number	(\$)	Filing Date	e (MM/DD/YYYY)	numbe	onal provisiona are are listed or emental priority	n a data sheet		
;	ļ	1		PTO/\$	B/02B attache	od hereto.		

[Page 1 of 2]
Surden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chiof Information Officer. Patent and Trademark Office weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

h



Please type a plus sign (+) inside this box + +	PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0851-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons a valid OMB control number.	are required to respond to a collection of information unless it contains

DECLARATION -**Utility or Design Patent Application** I hereby claim the benefit under 35 U.S.C. 120 of any United States epplication(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Parent Filing Date U.S. Parent Application or PCT Parent Parent Patent Number (MM/DD/YYYY) (if applicable) Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I haraby appoint the following registered practiboner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number Place Customo ☑ Registered practitioner(s) name/registration number listed below Number Bar Code l ahai here Registration Registration 25,089 Number 41,629 Robert P. Raymond Anthony P. Botting 34,513 27,928 Susan K. Pocchiari Michael P. Morris 45,016 Philip I. Datlow Mary-Ellen M. Devlin 41,482 Alan R. Stempel 28,991 David A. Dow 46,124 Timothy X. Witkowski 40.232 Andrea D. Small 54 859 Additional registered precilioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached herato. Direct all correspondence to: Customer Number 28501 OR Correspondence address below Name <u>Address</u> Address City ZIP Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and truther that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if anyl) Family Name or Sumame Heinz-Gerd KLAES Inventor's Signature Date Gau-Bickelheim Germany Residence: City Citizenshir Ludwig-Jahn-Strasse 16 **Post Office Address** Post Office Address 55599 Germany State ZIP Country Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

DECLARATION

JUL 2 6 2004

PTQ/SB/02A (08-03)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

Supplemental Sheet

1		<u> </u>		Page		
Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)	 	ne or Surname				
Elena	KOUNDO	URAKIS	·			
Inventor's Signature Sent Con	<u>e (</u>		5/12/04			
Residence: City Danbury	State	CT	Country USA	Citizenship GR		
Mailing Address 900 Ridgebury Road						
Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····				
City Ridgefield	State	CT	Zip 06877	Country	, USA	
Name of Additional Joint Inventor, if any:		A pet	ition has been filed for th	is unsigned in	ventor	
Given Name (first and middle (if any)			Family Name o	or Surname		
Hernan		VALDEZ				
Inventor's Signature		Date	7/12/04 Country USA	,		
Residence: City Somers	State	NY	Country USA		Citizenship PE	
Mailing Address 900 Ridgebury Road						
Mailing Address						
City Ridgefield	State	СТ	Zip 06877	Country	USA	
Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)	Family Name or Sumame					
Douglas Lytle		MAYERS				
Inventor's Signature Socyal 7.		Date 12	May 2004			
Residence: City Newtown	State	СТ	Country USA		Citizenship US	

Country USA This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Sox 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

State

CT

06877

Zip

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Docket No. 1/1475

Mailing Address City Ridgefield

Mailing Address 900 Ridgebury Road